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**UTILITY  
PATENT APPLICATION  
TRANSMITTAL**

Attorney Docket No.	15-CT-4697
First Named Inventor or Application Identifier	Senzig, et al.
Title	IMAGING SYSTEM FOR GENERATING HIGH QUALITY IMAGES
Express Mail Label No.	EL319727646US

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing)		6. <input type="checkbox"/> Microfiche Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Specification (Preferred arrangement set forth below) - Descriptive title of the invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure [Total Pages] 20		7. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all necessary) a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies	
<input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets] 9		<b>ACCOMPANYING APPLICATION PARTS</b>	
Oath or Declaration [Total Pages] 4		8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	
a. <input checked="" type="checkbox"/> Newly executed (original or copy)		9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input checked="" type="checkbox"/> Power of Attorney	
b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]		10. <input type="checkbox"/> English Translation Document (if applicable)	
i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).		11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations	
<input type="checkbox"/> Incorporation by Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		12. <input type="checkbox"/> Preliminary Amendment	
		13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
		14. <input type="checkbox"/> Small Entity Statement(s) <input type="checkbox"/> Statement filed in prior application, (PTO/SB/09-12) Status still proper and desired	
		15. <input type="checkbox"/> Certified Copy of Priority Document(s) (If foreign priority is claimed)	
		16. <input checked="" type="checkbox"/> Other: EXPRESS MAIL CERTIFICATE	
*NOTE FOR ITEMS 1 & 14: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).			
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No: Prior application information: Examiner: Group/Art Unit:			
<b>18. CORRESPONDENCE ADDRESS</b>			
<input type="checkbox"/> Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)		or <input type="checkbox"/> Correspondence address below	
NAME	John S. Beulick Armstrong Teasdale LLP		
ADDRESS	Suite 2600 One Metropolitan Square		
CITY	St. Louis	STATE	MO
COUNTRY	U.S.A.	TELEPHONE	314/621-5070
		FAX	314/621-5065

Name (Print/type)	Alan L. Cassel	Registration No. (Attorney/Agent)	35,842
Signature	<i>Alan Cassel</i>	Date	Nov. 30, 1999

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Office, Patent and trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
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Express Mail mailing label number: EL319727646US

Date of Mailing: November 30, 1999

I certify that the attached complete utility patent application of **ROBERT F. SENZIG and HUI DAVID HE** for **IMAGING SYSTEM FOR GENERATING HIGH QUALITY IMAGES** including:

- Certificate of Mailing Via Express Mail (1 page)
- Patent Application Transmittal (1 page)
- Fee Transmittal (in duplicate) (1 page)
- Thirteen (13) pages of specification; six (6) pages of claims; one (1) page of abstract
- Nine (9) sheets of drawings
- Declaration and Power of Attorney for Robert F. Senzig (2 pages)
- Declaration and Power of Attorney for Hui David He (2 pages)
- Assignment for Robert F. Senzig (2 pages)
- Assignment for Hui David He (2 pages)
- Assignment Recordation Form Cover Sheet (in duplicate) (1 page)
- Return post card

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Box **PATENT APPLICATION**, Assistant Commissioner for Patents, Washington, D.C. 20231.

  
Alan L. Cassel, Reg. No. 35,842  
Armstrong Teasdale LLP  
One Metropolitan Square, Suite 2600  
St. Louis, MO 63012  
314/621-5070

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<b>FEE TRANSMITTAL</b>		<i>Complete If Known</i>	
<p><i>Patent fees are subject to annual revision on October 1.</i>  <i>These are the fees effective October 1, 1997.</i>  <i>Small entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</i>  <i>See 37 C.F.R. §§ 1.27 and 1.28.</i></p>		Application Number	
		Filing Date	November 30, 1999
		First Named Inventor	Robert F. Senzig et al.
		Group Art Unit	
		Examiner Name	
TOTAL AMOUNT OF PAYMENT		Attorney Docket Number	15-CT-4697
(\$ ) 1,110.00			

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																				
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <span style="border: 1px solid black; padding: 2px 20px;">01-2384</span></p> <p>Deposit Account Name <span style="border: 1px solid black; padding: 2px 20px;"></span></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.16 at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed:      <input type="checkbox"/> Check      <input type="checkbox"/> Money Order      <input type="checkbox"/> Other</p>	<p>3. ADDITIONAL FEES</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><span style="border: 1px solid black; width: 50px; height: 15px;"></span></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge-late provisional filing fee or cover sheet</td><td><span style="border: 1px solid black; width: 50px; height: 15px;"></span></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><span style="border: 1px solid black; width: 50px; height: 15px;"></span></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td><span style="border: 1px solid black; width: 50px; height: 15px;"></span></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td><span style="border: 1px solid black; 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SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name	Alan L. Cassel			Reg. Number	35,842
Signature		Date	11/30/1999	Deposit Account User ID	

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